



**STATE OF MONTANA
DEPARTMENT OF CORRECTIONS
YOUTH COMMUNITY CORRECTIONS**

JUVENILE PAROLE VIOLATION REPORT

ROUTING INFORMATION

CASE IDENTIFICATION

TO:**CASE NAME:****FROM:****YOUTH ID:****DATE:****BIRTH
DATE:**

VIOLATION REPORT**I. LEGAL HISTORY**

II. CIRCUMSTANCES AND NATURE OF VIOLATIONS**A. VIOLATIONS****B. VICTIM IMPACT:**

III. PRESENT WHEREABOUTS OF YOUTH

IV. INDIVIDUAL'S STATEMENT

V. HISTORY ON JUVENILE PAROLE SUPERVISION**A. General Adjustment:****B. Home and/or other placements:****C. School:****D. Employment:****E. Treatment/Program:**

F. Assistance Given by Parole Officer:

VI. APPRAISAL AND RECOMMENDATION

VII. WITNESSES

VIII. REVIEWED BY SUPERVISOR

Supervisor's Signature: _____ Date: _____

IX. DISTRIBUTION

Field File – Original

Hearings Officer (copy for on-site hearing) or **Youth Community Corrections Bureau Chief or designee** (copy for waiver)

Youth's Attorney (copy for on-site hearing)

Youth Correctional Facility (copy)

Youth (copy)

Parent(s)/Guardian(s)/Custodian(s) or their Representative(s) (copy)
